Eligibility Verification

Provider Fair May 2014



Common Eligibility Verification Methods

- 1. Online through the Montana Access to Health (MATH) web portal (https://mtaccesstohealth.acs-shc.com/)
- 2. Integrated Voice Response (IVR) 1-800-714-0060
- 3. FaxBack 1-800-714-0075
- 4. Provider Relations 1-800-624-3958



Montana Access to Health (MATH) Web Portal

- From the Montana Medicaid Provider Information webpage www.mtmedicaid.org
- Created by Xerox in conjunction with DPHHS
- Montana Health Care Programs-related information
- Eligibility inquiry capability in addition to many other inquiry transactions
- Secure website



www.mtmedicaid.org



Public Health and Human Services



Richard H. Opper, Director

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Montana Medicaid

New or Existing Provider Enrollment

Log in to Montana Access to Health

Melular Information

Provider Information

Montana Medicaid Provider Information

What's New on the Website This Week

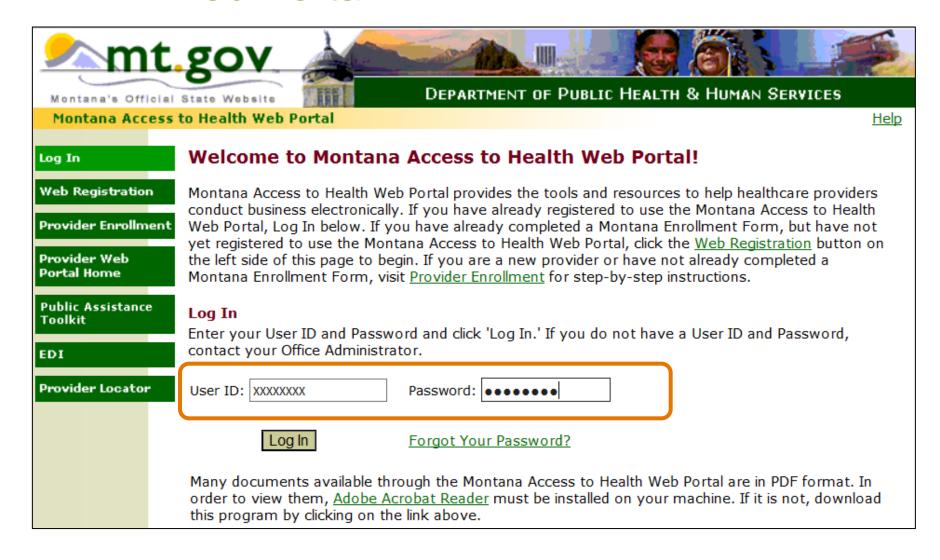
Web Postings

A list of the **documents posted to the website** for the current week.

Announcements



MATH Web Portal





Eligibility Inquiry



Montana Access to Health Web Portal Home Pag

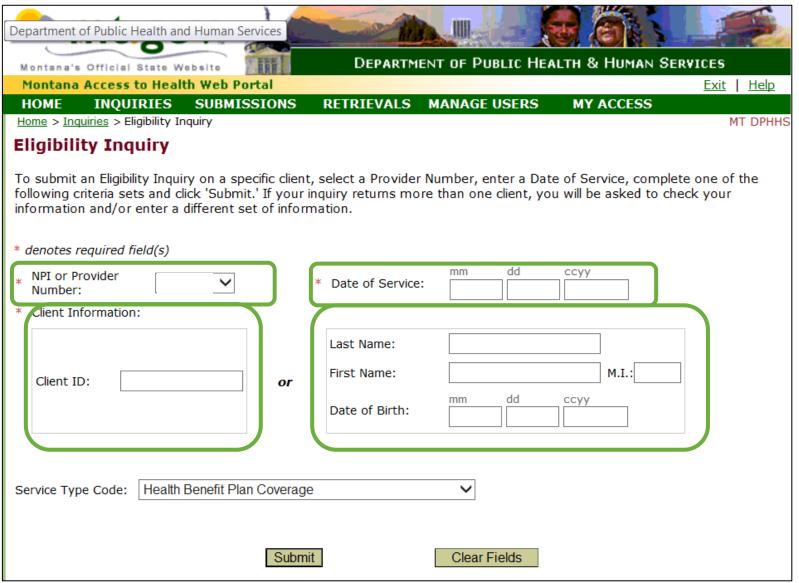
Navigate to any of the functions in the Web portal by clicking the follow information about each function, click the corresponding column heade section, to display your current Montana Access to Health Web Portal pallowed by the user privileges assigned to you.

Site Contents

	Site Conten	11.5			
Ī	Inquiries		Submissions	Retrievals	Manage
ļ	Eligibility		<u>Upload Files</u>	View/Download Files	Add New U
	Claim Status			View e!SOR Reports	Add Existin
	<u>Provider Paym</u>	ent Summary		My Inbox	Update or
	Claims-based	Medical History			Manage Su
	Electronic Hea	alth Record			
	Ask Provider R	Relations			
	Provider Locat	<u>tor</u>			



Inquiry: Eligibility





Eligibility Inquiry





Eligibility Response: Sec. 1 Client Demographics

02/01/1990

F: Female

HOME **INQUIRIES** SUBMISSIONS RETRIEVALS MANAGE USERS MY ACCESS Home > Inquiries > Eligibility Inquiry > Eligibility Inquiry Confirm > Eligibility Inquiry Response MT DPHHS **Eligibility Inquiry Response Client Demographic Information** Client Original ID: NPI or Provider ID: XXXXXXXXX 123459723 04/02/2014 Client Current ID: Date of Service: 00123459723 Valid Request Indicator: Client Member ID: 1234597 Jane Doe Reject Reason Code: Name: 123 Main St Address: Follow-up Action Code: Waterside City: Date of Death: County Trace Number: 25 2100000010000000T Code: MT State: Zip Code: 599990000 Date of Birth:

Co-payment amount may be less or exempt per Administrative Rules. Please refer to the Medicaid Provider Manual for additional information.



Gender Code:

Eligibility Response: Sec. 2

Service Types	
Service Type Code	Co-Payment/Co-Insurance
1: Medical Care	\$ 0.00
47: Hospital	\$ 0.00
86: Emergency Services	\$ 0.00
MH: Mental Health	\$ 3.00
UC: Urgent Care	\$ 4.00
98: Professional (Physician) Visit - Office	\$ 4.00
50: Hospital - Outpatient	\$ 5.00
88: Pharmacy	\$ 5.00
48: Hospital - Inpatient	\$ 100.00

Eligibility Spans	About HMK/HMKPlus					
Service Type Code	Insurance Type Code	Paver Name	Plan Coverage Description	Eligibility Effective Date	Eligibility End Date	
30: Health Benefit Plan Coverage	MC: Medicaid	Medicaid/HMKPlus	Basic Coverage	11/01/2010	04/30/2014	

Managed Care Information					
Plan Coverage Description	Plan/PCP Name	Plan/PCP Phone Begin Date End Date Number			
TEAM CARE	RIVERSTONE HEALTH	4062473350 01/07/2014 04/30/2014			
		_1 /			

Plan Coverage Description	Plan/HIP Name	Plan/HIP Phone Number	Begin Date	End Date
Medicaid Health Improvement Program	RIVERSTONE HEALTH	4062473350	12/01/2013	04/30/2014

	stricted Client Information					
	Exception Description	Provider Name	Provider Phone Number	Period Effective Date	Period Expiration Date	
ı	Restricted Pharmacy	MONTANA CVS PHARMACY LLC	4062597861	12/22/2011	04/30/2014	



Managed Care Information

Eligibility Response: Sec. 3

Information Source Data

Medicaid Organization/Last Name:

Identification Code Qualifier: PI: Payor Identification **ACS Provider Services** Contact Name:

Primary Identifier: 77039

Communication Number: 8006243958

Information Receiver Data

Organization/Last Name: Test Provider

First Name: M.I.:

NPI or Provider Number: XXXXXXXXX

Portal ID of Requestor:

Medical History Inquiry Inquiries New Eligibility Inquiry Current Eligibility Inquiry

Xerox Internal Use Only



2. Integrated Voice Response

- 1-800-714-0060
- Verbal verification
- Press 1 to search by Member ID Number
- Press 2 to search by Card Control Number
- Access one member at a time
 - Multiple members within phone call
- Options to check provider payment and claim status

Xerox Internal Use Only



3. FaxBack

- 1-800-714-0075
- Enter provider ID and member ID numbers
- Response within 10 minutes
- Paper verification
- TPL information located on page 2



From Montana MMIS Page 1 of 2

MONTANA HEALTHCARE PROGRAMS ELIGIBILITY VERIFICATION SYSTEM FAXBACK REQUEST RESPONSE

Provider Services Phone:

1-800-624-3958

Total Pages Transmitted:

2

To:

ACS

Provider ID/NPI: Provider Phone:

1110889

Provider Fax:

4064422819

Input Information

Client ID:

Date of Birth:

01272004

Date of Service:

07192012

Card Control Number:

1111232

Transaction Response

Audit No.:

201220111373313FM

Client Name:

DOE, JOHN

Mcaid/HMKPlus:

Y M

Card Control Number:

1111232

Client Gender: Date of Death:

00000000

Date of Birth:

01272004

Current ID:

111331111

Original ID: HMK/CHIP: Medicare #:

N

Part-A/B:

N/N

No. of TPLs:

0000000000

Nursing-Home:

N N

Incurment Day: Waiver:

Benefit Summary (includes Managed Care, QMB, and Team Care)

The child is eligible for Healthy Montana Kids Plus. Is not eligible for the Medicare Savings Program. The client is not responsible for an incurment amount. The client is on Passport to Health. The client has third party insurance coverage.

MHSP Eligible: N

Passport: Y

Team Care: N

PCP Provider: WEST GRAND FAMILY MEDICINE

Phone #: 4062374040

Restricted Pharmacy: N

Pharm Name: NAME NOT FOUND

Phone #:



FaxBack

From: Montana MMIS Page 2 of 2

Current Third Party Liability (TPL) Coverage

Carrier Name: PREMERA BC Carrier Code: K85

Address: P O BOX 91059 SEATTLE, WA

98111-9159

 Begin Date:
 20110401
 End Date:
 20991231

 Policy #:
 311113111
 Group #:
 9002235

Subscriber Name: DOE Subscriber Initial: R

Subscriber Name. DOC Subscriber Initial.



4. Provider Relations Call Center

- 1-800-624-3958 or 1-406-442-1837
- Hours Monday through Friday, 8 a.m. to 5 p.m. Mountain Time



Additional Eligibility Verification

What does the member have for coverage?

- Full and Basic Medicaid
- Healthy Montana Kids /Healthy Montana Kids Plus
- Mental Health Services Plan (MHSP)
- Qualified Medicare Beneficiary (QMB)
- Specified Low-Income Medicare Beneficiary (SLMB)
- Psychiatric Residential Treatment Facility (PRTF)



Other Items to Consider

- Are the services covered?
 - General and specific provider type manuals and replacement pages.
 - On the Montana Medicaid Provider Information webpage, <u>www.mtmedicaid.org</u>, click the Resources by Provider Type link to access your provider type page.
 - Fee schedule
 - Passport indicator
 - Prior authorization



Provider Relations Contact Information

Xerox Internal Use Only

Call Center

1-800-624-3958 or 1-406-442-1837 8 a.m. to 5 p.m. Monday through Friday Mountain Time

Field Representative

Aaron Hahm, 406-457-9598

Manager

Danielle Wood, 406-457-9559



